

CALIFORNIA LIQUID WASTE HAULER RECORD

No 2497

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

SFUND RECORDS CTR

PRODUCER OF WASTE (Must be filled by producer)

Name (print or type):

WASLOCK CO

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Code No.

Pick up Address:

13344 S. MAIN ST

(Number) (Street) (City)

Telephone Number: ()

P.O. or Contract No.:

Order Placed By:

Date: 8-11-78

Type of Process

which Produced Wastes:

(Examples: metal plating, equipment cleaning, oil drilling--Code No.
wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

- | | |
|--|---|
| 1. <input type="checkbox"/> Acid solution | 8. <input type="checkbox"/> Tank bottom sediment |
| 2. <input type="checkbox"/> Alkaline solution | 9. <input type="checkbox"/> Oil |
| 3. <input type="checkbox"/> Pesticides | 10. <input type="checkbox"/> Drilling mud |
| 4. <input type="checkbox"/> Paint sludge | 11. <input type="checkbox"/> Contaminated soil and sand |
| 5. <input type="checkbox"/> Solvent | 12. <input type="checkbox"/> Cannery waste |
| 6. <input type="checkbox"/> Tetraethyl lead sludge | 13. <input type="checkbox"/> Latex waste |
| 7. <input type="checkbox"/> Chemical toilet wastes | 14. <input type="checkbox"/> Mud and water |
| | 15. <input type="checkbox"/> Brine |

☐ Other (Specify)

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Code No.

Components:

(Examples: Hydrochloric acid, lime, caustic soda,
phenolics, solvents (list), metals (list),
organics (list), cyanide)

Upper

Concentration:
Lower %

ppm

- | | | | | |
|----------------|--|--|--|--|
| 1. <u>None</u> | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| 6. _____ | | | | |

Hazardous Properties of Waste:

- | | | | | | |
|------------------------|--|--|---|--|------------------------------------|
| pH <u>7</u> | <input checked="" type="checkbox"/> none | <input type="checkbox"/> toxic | <input type="checkbox"/> flammable | <input type="checkbox"/> corrosive | <input type="checkbox"/> explosive |
| Bulk Volume: <u>50</u> | <input type="checkbox"/> gal | <input type="checkbox"/> tons | <input type="checkbox"/> barrels (42 gal) | <input type="checkbox"/> other (specify) | |
| Containers: _____ | <input type="checkbox"/> drums | <input type="checkbox"/> cartons | <input type="checkbox"/> bags | <input type="checkbox"/> other (specify) | |
| Physical State: _____ | <input type="checkbox"/> solid | <input checked="" type="checkbox"/> liquid | <input type="checkbox"/> sludge | <input type="checkbox"/> other (specify) | |

Special Handling Instructions (if any):

None

HAULER OF WASTE (Must be filled by hauler)

999000452

Name (print or type):

ALL AMERICAN OIL COMPANY

Business Address:

8655 So. Main Street, Los Angeles 90005

Telephone Number: (213) 759-6145

Pick Up:

(Date)

Time: _____

State Liquid Waste Hauler's Registration No. (if applicable):

118

Job No.:

No. of Loads or Trips:

Unit No.:

Vehicle:

☒ vacuum truck

_____ barrels,

☐ flatbed,☐ other

(specify)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type):

Site Address:

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWOCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable):

State fee (if any):

Handling Method(s):

☐ recovery☐ treatment (specify):☐ disposal (specify):

(Examples: incineration, neutralization, precipitation)-Code No.

☐ pond☐ spreading☒ landfill☐ injection well☐ other (specify):

Code No.

If waste is held for disposal elsewhere specify final location:

Disposal Date: 8-15-78

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING
HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

D.O.T. Proper Shipping Name

A029546